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**ROCKY FLATS PLANT
EM RADIOLOGICAL GUIDELINES**

Manual No.: **3-21000-OPS-EMRG**
Procedure No.: **Table of Contents, Rev 1**
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Effective Date: **01/18/93**
Organization: **Environmental Management**

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*DCN 93.01	Table 1 replacement for Internal Dosimetry Evaluation	0	01/14/93
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EMRG 3.1	Performance of Surface Contamination Surveys	0	12/06/91
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ADMIN RECORD

**DOCUMENT CLASSIFICATION REVIEW WAIVER
PER R.B. HOFFMAN, CLASSIFICATION OFFICE
JUNE 11, 1991**

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Environmental Management**

<u>Guideline No.</u>	<u>Title</u>	<u>Rev. No.</u>	<u>Effective Date</u>
EMRG 3.5	Handling of Contaminated Dosimetry/Security Badges	0	12/06/91
*DCN 93.01	Word Correction	0	01/14/93
EMRG 6.1	Performance Test and Operational Checks for Ludlum Model 12-A, Model 12, and Model 31 Survey Instruments	0	12/06/91
EMRG 6.3	Performance Checking and Operation of the Eberline SAC-4 Alpha-Scintillation Smear Counting Instrumentation	0	12/06/91
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*DCN 93.01	Formula Clarification	0	01/14/93
EMRG 6.5	Use of the Bicon Frisk-Tech with the A-100 and B-50 Detectors	0	12/06/91
*DCN 93.01	Equipment Calibration Clarification	0	01/14/93
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*DCN 93.01	FIDLER Surveys	0	01/15/93
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*DCN 93.01	Revisions to Radiation Protection Program	0	01/15/93
EMRG 10.1	Radiological Deficiency Reporting Program	0	12/06/91

ENVIRONMENTAL MANAGEMENT DOCUMENT CHANGE NOTICE (DCN)

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Title EMRG 3.5 Handling of Contaminated Dosimetry/ Security Badges <i>D/S 1/14/93</i>	Date 12/15/92 <i>D/S 1/14/93</i>	DCN Number <i>93.01 g6</i>
Expires 12/31/92 <i>12/1/14/93</i>		Procedure Revision Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>D/S 1/14/93</i>
Scope Limitation <u>None</u>		

Item Number	Page	Step or Paragraph	Changes (Use DCN CONTINUATION SHEET for Additional Space)
1	4 of 4	5.4	Change the word "Radiation" to "Radiological." (RDR)

Justification (Reason for Change – Provide Numbers To Reference Corresponding Items Above)

1. Correction to ~~mis~~ inappropriately described program.

Concurrence	Organization	Req	Date	Concurrence	Organization	Req	Date
<i>[Signature]</i>	QAPM	X	<i>1/14/93</i>		User	X	
<i>[Signature]</i>	Rad Eng	X	<i>12/18/92</i>	<i>D. Sinks</i>	EAS	X	<i>1/14/93</i>
<i>[Signature]</i>	ES&E	X	<i>1/5/93</i>				
Approval of Responsible Manager <i>[Signature]</i>				Date <i>1/12/93</i>	Is Posting Req'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, By What Date? <i>upon receipt</i>
							Date Posted

DCN Form 001

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PER R.B. HOFFMAN, CLASSIFICATION OFFICE
JUNE 11, 1991 JAN 15 1993